



**Notice of Service Interruption/Area Closure**  
**Western University**  
**Facilities Management**  
**Client Services 519-661-3304 (fmhelp@uwo.ca)**

Submit by E-mail  
 Print Form

Date of Interruption/Closure:  Time(s):

Building(s) Affected: #1  #2   
 #3  #4

**Areas/Rooms Affected Alternate Route/Service:**  
 Whole building will lose reheat and fan coil service. Temperatures will increase with no chilled water.  
 Work to be done in Mechanical Room 301.

Service to be interrupted: #1  #2   
 #3  #4

**Description/Reason for Project:**  
 Replacing fan coil converter.

Requester:  Date of Request:

Supervising Tradesperson:  Unit:

Trade Supervisor:  Unit:  Date:

Contractor:  Phone #:

Coordinator/Project Manager:  Phone #:  Date:

**Reviewed by Trade Supervisor(s)/Shop(s) Affected:**

|  |   |  |   |
|--|---|--|---|
| Name: <input type="text" value="Plumber Fitter Shop"/> | Date: <input type="text" value="Aug 11, 2014"/> | Name: <input type="text" value="WES"/> | Date: <input type="text" value="Aug 12, 2014"/> |
|--|---|--|---|

Signature/Stamp:

Signature/Stamp:

Name:  Date:

**Principal Occupants:**

Signature/Stamp:

|                            |                           |                            |
|----------------------------|---------------------------|----------------------------|
| Name: <input type="text"/> | Ext. <input type="text"/> | Date: <input type="text"/> |
|----------------------------|---------------------------|----------------------------|

Name:  Date:

|                            |                           |                            |
|----------------------------|---------------------------|----------------------------|
| Name: <input type="text"/> | Ext. <input type="text"/> | Date: <input type="text"/> |
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Signature/Stamp:

|                            |                           |                            |
|----------------------------|---------------------------|----------------------------|
| Name: <input type="text"/> | Ext. <input type="text"/> | Date: <input type="text"/> |
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Name:  Date:

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| Name: <input type="text"/> | Ext. <input type="text"/> | Date: <input type="text"/> |
|----------------------------|---------------------------|----------------------------|

Signature/Stamp:

Approval to Proceed:  Date:

**APPROVED**  
 By Dan Trudgeon (fminterr@uwo.ca) at 11:10 am, Aug 12, 2014

Notes: